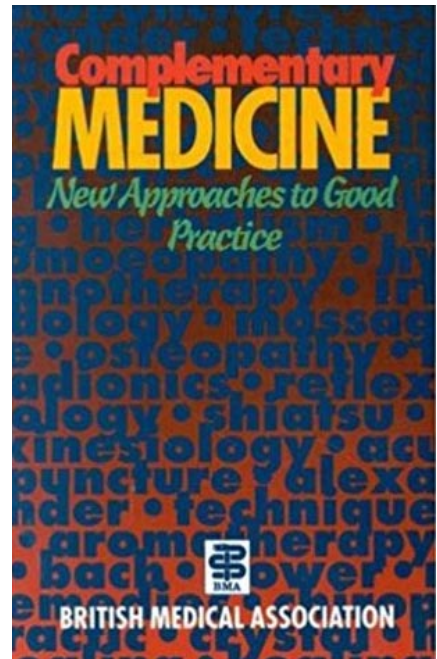


BMA's about-turn has wide-ranging implications for hypnotherapy



By EJCH Reporter

Profound changes in the British Medical Association's policy towards complementary therapies – including hypnosis by non-medical practitioners – appear to be underway.

The proof has come with a new report from the BMA's Board of Science and Education: 'Complementary Medicine – New Approaches to Good Practice' – which confirms a sudden, significant about-turn in attitudes. For after years of opposition, the BMA is now recommending acceptance of properly regulated 'alternative' and 'complementary' therapies and says doctors should receive more information to help meet 'growing demands' for treatment.

More than that, it suggests a new relationship - including closer collaboration in clinical research. All-in-all a turning point in the BMA's official stance is disclosed, offering prospects of a fresh basis for relations between hypnotherapy and the medical profession in Britain.

Everything of course depends on whether the proposals are ever implemented. It is already clear though that the report has spurred the Department of Health towards rethinking its own attitude towards 'promoting safe and competent practice' - see news pages report.

The inquiry was led by Dr Fleur Fisher, head of the BMA's Ethics, Science and Information Committee, who took personal charge of much of the detailed investigations. One of the Fisher team's first decisions was to differentiate between 'complementary' therapies working alongside and in conjunction with orthodox medicine and 'alternative' therapies 'given in place of orthodox medical treatment'. Such categorisation would, one might assume, place hypnotherapy among 'complementary' therapies, but this is not specified.

Meanwhile, Dr Fisher and her team opt for the term 'non-conventional therapies' – even though their report is titled 'Complementary Medicine'. For 'non-conventional' they argued provided a more accurate description of the therapies examined. Maybe, but for one reason or another, Dr Fisher

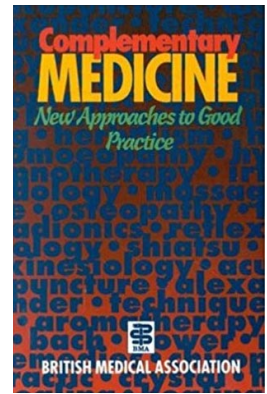
and her colleagues never quite managed to adequately define 'non-conventional' therapy. The report itself focused mainly on osteopathy, chiropractic, acupuncture and aromatherapy, with hypnotherapy receiving scant direct attention with relatively few specific references. Nevertheless, it would be a mistake to conclude the BMA report was therefore of little or no importance to hypnotherapy. Its implications are potentially immense.

It also marked a watershed in the British medical profession's attitude to complementary therapies. After all, it was only seven years ago that the BMA published 'Alternative Therapy', widely reported in the media as an indictment of the entire field of alternative treatments. Many will recall how that report set out to evaluate, and, some suspect, dismiss the efficacy of much of what was on offer. The outcome – a much publicised, disparaging commentary of 'alternative therapies', driving a damaging wedge between orthodox medicine and what the BMA now calls 'non-conventional' therapists.

If the BMA's 1986 intention was to discourage public interest in hypnotherapy and complementary' therapies, the strategy manifestly failed. Use of 'non-conventional therapies' continued to grow, doubling over a decade. By 1990 the BMA decided that a fresh inquiry was needed. Its terms of reference: to examine 'the practice and use of complementary medicine since 1985 throughout the UK and the European Communities and its implications after 1992'. Note the specific reference to the Community and the Single Market: we will return to this.

Of particular interest to almost anyone actively involved in clinical hypnosis are the BMA's recommendations on good practice, registration and regulation.

The report stressed the need to protect patients from unskilled and unscrupulous practitioners and considered ways of ensuring acceptable training standards and the possibility of regulation. Undoubtedly the Fisher team's strongest criticism of 'non-conventional' therapy was a familiar one in the United Kingdom – the ability of anyone, without training, experience, competence or control to set up in practice. Dr Fisher and her



colleagues found that situation 'unacceptable'.

High among their recommendations therefore was a call for each therapy to establish a single regulating body responsible for registration, professional standards, training and research.

Anyone with even just a passing knowledge of the 'politics' of British hypnotherapy will easily foresee the controversy and rancour that is likely to arouse.

With so many 'registers' within the United Kingdom, rival associations, societies and colleges, all awash with an alphabet soup of different certificates and diplomas, the implications are enormous. Undaunted by the likely row, the BMA wants to see a single register, open to public scrutiny and strictly limited to competent practitioners.

It is also calling for the establishment of clear professional standards. These would include:

- * **An enforceable ethical code – linked to effective disciplinary procedures – governing all aspects of professional conduct.**

- * **A defined protocol for communicating with medical practitioners and other therapists – of various disciplines.**

- * **A prescribed system for maintaining case records.**

- * **Clearly understood areas of competence, including where therapy is contra-indicated.**

- * **A well-publicised complaints procedure.**

On training standards, the BMA report called for measures to ensure acceptable standards. The structure the Fisher team wants to see requires external monitoring by educational establishments and would include within the course a foundation in the basic medical sciences.

It also suggests the possibility of

a core curriculum which includes appropriate clinical and medical input. Further, it wants training to include 'limits of competence' so that therapists identify patients suffering from conditions not amenable to treatment – and refer them to the appropriate agency, especially when medical attention is required. Continued training, with refresher courses, for qualified therapists is also recommended, as is training in clinical audit to ensure regular evaluation of practice and management.

The need for medical practitioners themselves to become better informed about non-conventional therapies was also examined by the report. The Fisher team decided doctors should know more about different therapies so they can delegate care appropriately and be able to advise patients on such treatment's likely benefits or possible hazards.

As a result, the BMA is now advocating the setting up of accredited postgraduate sessions to inform doctors about different techniques.

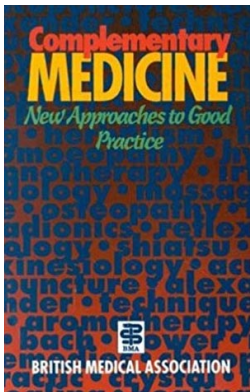
In addition, the report suggests consideration be given to include 'familiarisation' courses on non-conventional therapies as part of the training of medical undergraduates. This may sound somewhat familiar to those recalling recommendations made several decades ago that hypnosis should be included in the training of all doctors.

Returning to that specific reference to 'the European Communities and its implications after 1992'. The creation of the Single Market provoked much speculation about possible Community-wide controls linked to the harmonisation of training standards and qualifications. There has even been the odd suggestion that the EC Commission had already begun preparing draft regulations. Much of this speculation was fuelled by two separate factors:



Dr Fleur Fisher

Head, BMA Ethics, Science & Information Committee



*** The 'perceived antagonism' of some other EC countries towards the UK's 'liberal' acceptance of unlicensed therapists.**

*** The adoption of Council Directive (89/48/EEC), also known as the General Systems Directive, providing for mutual recognition of diplomas in 'regulated professions' following at least three years' training.**

However, this was a red herring, quickly dealt with by the BMA working party. The team realised that the wide diversity among Community countries made any central regulation of 'non-conventional therapies' an impracticality. It decided that for the foreseeable future at least, control, if any, will remain firmly in the hands of national governments.

This was summed up in what appears to have been one of the BMA working party's earliest conclusions, that 'the EC is unlikely to exert significant central control on the diverse practices of different countries'. Those are words worth noting.

As the report makes clear, the General Systems Directive does not apply to 'non-conventional therapies' within the United Kingdom precisely because they are not professionally regulated. In addition, the Commission itself has consistently stated it regards health care delivery, including non-conventional therapies, as being outside its remit.

The BMA report went on to forecast 'the most important influence on the regulation of non-conventional therapies will continue to be national law for the most part, rather than

Growing acceptance

directives from Brussels, and thus the working party agreed to concentrate mainly on the situation within the United Kingdom.

Before moving on from the issue of European harmonisation, it is worth noting one practical suggestion towards which this Journal believes it will be able to play a constructive part. This was the suggestion that mechanisms for exchange of information among European countries 'would be helping in pulling together these diverse strands'.

The growing acceptance in Britain of non-conventional therapies was highlighted by the changes recorded among members of the Consumers' Association. In 1985, one in seven of the Association's 28,000 members had visited a 'non-conventional' therapist during the preceding 12 months. By 1991, this had increased to one in four.

It should be noted, however, that hypnotherapists were not among the top seven groups listed and that osteopathy accounted for 40 per cent of all visits. Also, as the BMA report stresses, members of the Consumers' Association are far from being a typical cross-section of the population.

Accepting that many of its estimates and figures were far from precise, the working party did acknowledge though that the changes 'point to a considerable and growing number of people consulting non-conventional therapists'. In tandem with this growing acceptance among the public has been an increasing interest in non-conventional therapies within the medical profession itself – and here acceptance of hypnosis for therapeutic purposes appears to be markedly high. Here at least the team did have both up-to-date and statistically significant figures.

In February 1992 the General Medical Council undertook a comprehensive survey of opinions among the UK's general practitioners. Some 25,458 family doctors – 70 per cent of the UK's registered GPs – were questioned about which services – including hypnotherapy, homeopathy, acupuncture, chiropractic and osteopathy – should be provided through GPs' surgeries 'assuming that adequate resources were made available'. This showed considerable opposition to all 'non-conventional' therapies being provided through GP surgeries.

On the question of hypnotherapy, 24,093 British doctors responded, with 41.9 per cent opposed to surgery provision, 22.9 per cent in favour and 35.2 per cent holding no strong views. Closer analysis of the survey however revealed that younger GPs were more likely to favour the inclusion of such therapies and women doctors being more favourably inclined than men.

Smaller surveys studied by the working party suggested though that, while GPs might see 'non-conventional' therapies as inappropriate for their own surgeries, a high proportion do regard several, including hypnosis, as being effective. For instance, the report cited last year's survey by *Doctor* magazine, which found that 81 per cent of GPs accepted hypnosis as an 'effective' therapy.

The Fisher team concluded that, not only was there 'growing interest among medical practitioners in various non-conventional therapies', but around a third of GPs wish to have training in one or other of these therapies.

This encouraged the report to comment: 'Whether or not doctors wish to practise different techniques themselves, it is clear that there is a definite need among doctors for better information in the use and practise of non-conventional therapies, which is not presently being met.'

: Complementary Medicine. New Approaches to Good Practice – published by the British Medical Association (Oxford University Press. Price £7.99).